

10-10-07

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| | |
|----------------------|--------------------|
| Anne L. Kubit | (Depositor's name) |
| <i>Anne L. Kubit</i> | (Signature) |
| October 9, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/594,289 | 02/08/2007 | Christopher Ian Mobbs | 65423-004 | 6320 |

TITLE OF INVENTION: DOHERTY AMPLIFIER

10/10/2007 MGEBREM2 00000022 082789 10594289

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|------------|--------|----|
| 01 FC:1504 | 300.00 | OP |
| 02 FC:8001 | 30.00 | OP |
| 03 FC:1501 | 40.00 | DA |

1400.00

OP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 11/15/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| NGUYEN, PATRICIA T | 2817 | 330-12400R |

| | | |
|--|---|---------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | Howard & Howard Attorneys, P.C. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | 2 | |
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FILTRONIC COMPOUND SEMICONDUCTOR, LTD. Newtown Aycliffe, County Durham, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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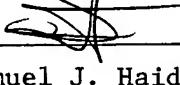
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2789 (enclose an extra copy of this form).

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Authorized Signature 

Date October 9, 2007

Typed or printed name Samuel J. Haidle

Registration No. 42,619

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